CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Ms. Emma		Date Received
	Acosta		4/6/2017 4:03:43 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 8904 WH Burges El Paso,TX 79925	ITY; STATE; ZIP CODE	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 731-2020	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Ms. Belen		Date Processed
	Robles	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 3336 Fillmore El Paso, Tx 799		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 355-4828	EXTENSION	
9 REPORT TYPE	January 15 📝 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01/01/2017	THROUGH 03/2	Day Year 7/2017
11 ELECTION	Month Day Year Primary	ELECTION TYPE Runoff Other Description	
	05/06/2017 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	City Rep dist 3	Mayor	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer ID (Ethics Commission Filers)
Ms. Emma Acosta	a			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	NIDATE / OFFICEHOLDER. <i>THE</i> NSENT. CANDIDATES AND OF	SE EXPENDITURES MAY HAVE BEEN MADE W	VITURES MADE BY POLITICAL COMMITTEES TO WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S HIS INFORMATION ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN 1	TREASURER NAME	
Additional Fages		OOMMITTEE OAMBAION	TREACURER ARRESO	
		COMMITTEE CAMPAIGN	THEASURER ADDRESS	
17 CONTRIBUTION TOTALS			IONS OF \$50 OR LESS (OTHER TH NTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIB THAN PLEDGES, LOAN	UTIONS IS, OR GUARANTEES OF LOANS)	\$ 17,505
EXPENDITURE TOTALS		POLITICAL EXPENDITUR BITEMIZED	RES OF \$100 OR LESS,	\$ 2,231.48
	4. TOTAL	POLITICAL EXPENDI	TURES	\$ 4,739.11
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTION ORTING PERIOD	ONS MAINTAINED AS OF THE LAST	\$ 32,765.89
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF	* 20,000
18 AFFIDAVIT				perjury, that the accompanying report is formation required to be reported by me
			Emma Acosta	
			Signature of Can	ndidate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE			
Sworn to and subsci	ribed before me, b	by the said Emma	Acosta	, this the 6
_{day of} April	47		ess my hand and seal of office.	
	Jo	hn Glendon		
Signature of officer a	dministering oath	Printed name o	f officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)	
Ms.	Emma Acosta			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 17,505	
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	4. SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 4,739.11	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$	

### SERMA Acosta ### Date S Full name of contributor out-of-state PAC (ID#:	MS. Emma Acosta 4 Date 5 Full name of contributor	The	e Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
Date S Full name of contributor Oul-of-state PAC (ID#:	Date S Full name of contributor Out-of-state PAC (ID#: T Amount of contribution (\$)					
Emma P. Aguilar 6 Contributor address; 3420 Pershing Dr 8 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor Sylvia Sandoval 03/26/2017 Contributor address; City: State: Zip Code 100 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Avi A. Kotkowski 01/26/2017 PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Emma P. Aguilar 6 Contributor address; 3420 Pershing Dr 8 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor					
01/26/2017 8	01/26/2017 6 Contributor address; 3420 Pershing Dr 8 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor Sylvia Sandoval Contributor address; City; State; Zip Code 4981 Star Flower Ln. Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Gout-of-state PAC (ID#: Amount of contribution (\$) Employer (See Instructions) Unknown Employer (See Instructions) Unknown Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Employer (See Instructions) Unknown Date Full name of contributor Avi A. Kotkowski Contributor address; PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Infra L. Garcia Contributor address; City; State; Zip Code Infra L. Garcia Contributor address; City; State; Zip Code Ifma L. Garcia Contributor address; City; State; Zip Code Infra L.	4 Date		out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
3420 Pershing Dr 8 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:	3420 Pershing Dr 8 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:	0.4.10.0.10.0.4.=	.			
Retired Date Full name of contributor out-of-state PAC (ID#:	Retired Date Full name of contributor out-of-state PAC (ID#:	01/26/2017		City; State	e; Zip Code	100
Sylvia Sandoval Contributor address; 4981 Star Flower Ln. Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Avi A. Kotkowski 01/26/2017 Contributor address; City; State; Zip Code Avi A. Kotkowski 01/26/2017 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Contributor address; City; State; Zip Code PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Unknown Date Full name of contributor Irma L. Garcia Contributor address; City; State; Zip Code 150 Employer (See Instructions) Unknown Date Full name of contributor Contributor address; City; State; Zip Code 150 Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	Sylvia Sandoval Contributor address; 4981 Star Flower Ln. Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Avi A. Kotkowski Contributor address; City; State; Zip Code Avi A. Kotkowski Contributor address; City; State; Zip Code PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Po Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor out-of-state PAC (ID#:	•	upation / Job title (See Instructions)			ctions)
O3/26/2017 Contributor address; 4981 Star Flower Ln. Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Avi A. Kotkowski O1/26/2017 Contributor address; City; State; Zip Code PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Avi A. Kotkowski O1/26/2017 Contributor address; City; State; Zip Code PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Out-of-state PAC (ID#:	O3/26/2017 Contributor address; City; State; Zip Code 4981 Star Flower Ln. Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Avi A. Kotkowski O1/26/2017 Contributor address; City; State; Zip Code PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Out-of-state PAC (ID#:	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
4981 Star Flower Ln. Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Avi A. Kotkowski 01/26/2017 PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor address; City; State; Zip Code PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor out-of-state PAC (ID#:	4981 Star Flower Ln. Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Avi A. Kotkowski 01/26/2017 PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor address; City; State; Zip Code PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor out-of-state PAC (ID#:		Sylvia Sandoval			
Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Avi A. Kotkowski O1/26/2017 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor address; PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Unknown Date Full name of contributor Irma L. Garcia Contributor address; City; State; Zip Code Unknown Date Full name of contributor Irma L. Garcia Contributor address; City; State; Zip Code 150 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Avi A. Kotkowski Contributor address; PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Irma L. Garcia Contributor address; City; State; Zip Code Unknown Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Irma L. Garcia Contributor address; City; State; Zip Code 150 Principal occupation / Job title (See Instructions) Employer (See Instructions)	03/26/2017		City; State	e; Zip Code	100
Unknown Date Full name of contributor Avi A. Kotkowski O1/26/2017 Contributor address; PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Unknown Employer (See Instructions) Unknown Date Full name of contributor Irma L. Garcia O1/26/2017 Contributor address; City; State; Zip Code If a Amount of contribution (\$) Amount of contribution (\$) Irma L. Garcia O1/26/2017 Contributor address; City; State; Zip Code 150 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date Full name of contributor Avi A. Kotkowski O1/26/2017 Contributor address; PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Out-of-state PAC (ID#:		4981 Star Flower Ln.			
Avi A. Kotkowski Contributor address; City; State; Zip Code PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Irma L. Garcia O1/26/2017 Contributor address; City; State; Zip Code 150 Amount of contribution (\$) Irma L. Garcia O1/26/2017 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 150 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Avi A. Kotkowski O1/26/2017		pation / Job title (See Instructions)			ctions)
O1/26/2017 Contributor address; PO Box 1678 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Irma L. Garcia Contributor address; City; State; Zip Code Employer (See Instructions) Unknown Amount of contribution (\$) Irma L. Garcia Contributor address; City; State; Zip Code 150 Principal occupation / Job title (See Instructions) Employer (See Instructions)	O1/26/2017 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Irma L. Garcia Contributor address; City; State; Zip Code O1/26/2017 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 150 Employer (See Instructions)	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Irma L. Garcia O1/26/2017 Contributor address; 150 Employer (See Instructions) Unknown Amount of contribution (\$) Icontributor address; 150 City; State; Zip Code 150 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)		Avi A. Kotkowski			
Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Irma L. Garcia Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 150 Employer (See Instructions)	Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Irma L. Garcia Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 150 Employer (See Instructions)	01/26/2017	Contributor address;	City; State	; Zip Code	150
Unknown Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Irma L. Garcia Contributor address; City; State; Zip Code 150 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Unknown Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Irma L. Garcia O1/26/2017 Contributor address; City; State; Zip Code 150 Principal occupation / Job title (See Instructions) Employer (See Instructions)		PO Box 1678			
Irma L. Garcia Contributor address; City; State; Zip Code 150 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Irma L. Garcia O1/26/2017 Contributor address; City; State; Zip Code 150 Principal occupation / Job title (See Instructions) Employer (See Instructions)	•	upation / Job title (See Instructions)			Ctions)
Irma L. Garcia Contributor address; City; State; Zip Code 150 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Irma L. Garcia O1/26/2017 Contributor address; City; State; Zip Code 150 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Data			I	
01/26/2017 Contributor address; City; State; Zip Code 150 Principal occupation / Job title (See Instructions) Employer (See Instructions)	01/26/2017 Contributor address; City; State; Zip Code 150 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date		out-of-state PAC	C (ID#:)	Amount of contribution (\$)
1501 Fairfield Dr Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions)			City: State		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions)	01/26/2017		Oily, State	e, Zip Code	150
					I	
		•	ipation / Job title (See Instructions)			ctions)

	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ms. Emma /	Acosta 		
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
/ /	Jeannette M. Jeffers, CPA		
01/26/2017	6 Contributor address; City; State 3431 Pershing Dr, Ste B-3	; Zip Code	200
8 Principal occu CPA	pation / Job title (See Instructions)	9 Employer (See Instruc UNK	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Demetrio M. Jimenez		
01/26/2017	Contributor address; City; State	e; Zip Code	500
	442 Country Oaks Dr		
Principal occup Unknown	pation / Job title (See Instructions)	Employer (See Instruction Unknown	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Gustavo Quintana		
01/26/2017	Contributor address; City; State	; Zip Code	500
	6460 Snowheights Ct.		
	pation / Job title (See Instructions)	Employer (See Instruc	itions)
Unknown		Unknown	
Date	Full name of contributor out-of-state_PAC	C (ID#:)	Amount of contribution (\$)
	Siria Rocha		
	Contributor address; City; State	e; Zip Code	500
01/26/2017	425 Majestic Mountain		
01/26/2017	425 Majestic Mountain		

The	Instruction Guide explains how to complete	e this form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ms. Emma	Acosta		
4 Date	5 Full name of contributor out-of-state	te PAC (ID#:)	7 Amount of contribution (\$)
	Randall J. & Paige Bowling		
01/26/2017	6 Contributor address; City; 6504 Contessa rdg	State; Zip Code	1000
8 Principal occu Home builde	upation / Job title (See Instructions)	9 Employer (See Instru Tropicana Homes	ctions)
Date	Full name of contributor out-of-state	te PAC (ID#:)	Amount of contribution (\$)
	Robert L. Bowling IV		
01/26/2017	Contributor address; City;	State; Zip Code	1000
	457 San Clemente		
Principal occu Home Builde	pation / Job title (See Instructions)	Employer (See Instru Tropicana Homes	ctions)
Date	Full name of contributor out-of-sta	te PAC (ID#:)	Amount of contribution (\$)
	German Roman		
01/26/2017	Contributor address; City;	State; Zip Code	1500
	PO Box 96141		
	pation / Job title (See Instructions)	Employer (See Instru	ctions)
Unknown		Unknown	
Date	Full name of contributor out-of-sta	te PAC (ID#:)	Amount of contribution (\$)
	Jose L. Erives		
	Contributor address; City;	State; Zip Code	900
03/16/2017			
03/16/2017	745 Willow Glen Dr		
	745 Willow Glen Dr pation / Job title (See Instructions)	Employer (See Instru Erives Transportat	

The	Instruction Guide explains how to	complete this	form	1 Total pages Schedule A1:
	-			3 Filer ID (Ethics Commission Filers)
Ms. Emma				3 File ID (Ethics Commission Files)
4 Date	5 Full name of contributor	out-of-state PAC	G (ID#:)	7 Amount of contribution (\$)
	Jorge Valenzuela			
03/16/2017	6 Contributor address; 233 Pennsylvania	City; State	; Zip Code	500
8 Principal occi Unknown	upation / Job title (See Instructions)		9 Employer (See Instruc Unknown	etions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Fermin Dorado			,
03/16/2017	Contributor address;	City; State	; Zip Code	300
	4875 Cuartel Ln			
Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instruction Dorado Engineering	
Date	Full name of contributor	out-of-state PAC	G (ID#:)	Amount of contribution (\$)
	Eugenio Mesta			
03/16/2017	Contributor address;	City; State	; Zip Code	250
	721 Gary Land			
Principal occu Architect	pation / Job title (See Instructions)		Employer (See Instruc UNK	etions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	David Austin	_		
03/16/2017	Contributor address;	City; State	e; Zip Code	100
	6205 Pinehurst			
Principal occu Executive Di	pation / Job title (See Instructions) rector		Employer (See Instruc Food Bank	ctions)
			F THIS SCHEDULE AS N	
	If contributor is out-of-state PAC,	please see insti	ruction guide for additional	l reporting requirements.

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	<u> </u>			3 Filer ID (Ethics Commission Filers)
Ms. Emma	Acosta			
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	Emma P. Aguilar			
03/16/2017	6 Contributor address;	City; State	; Zip Code	100
	3420 Pershing			
8 Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Relifed			Retired	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Ramiro & Belen Robles			
03/16/2017	Contributor address;	City; State	e; Zip Code	50
	3336 Fillmore			
Principal occu Retired/Elec	pation / Job title (See Instructions) ted Official		Employer (See Instruction Retired/EPCC	l ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	German Roman	_	,	γ modific or continuous (φ)
03/23/2017	Contributor address;	City; State	; Zip Code	500
03/23/2017	PO Box 961941	2.0,	,,	500
Unknown	pation / Job title (See Instructions)		Employer (See Instructure Unknown	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Suleiman B. Masoud			
				222
03/23/2017	Contributor address;	City; State	e; Zip Code	300
03/23/2017		City; State	e; Zip Code	300

		Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
A Date		Acosta			3 Filer ID (Ethics Commission Filers)
03/23/2017 6 Contributor address; 10009 Album 8 Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Date Full name of contributor George Salome 03/23/2017 Contributor address; City; State; Zip Code Date Full name of contributor George Salome 03/23/2017 Contributor address; City; State; Zip Code Date Full name of contributor George Salome 03/23/2017 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Amount of contribution (\$) Contributor address; City; State; Zip Code Date Full name of contributor Gary Porras Contributor address; City; State; Zip Code Amount of contribution (\$) Amount of contribution (\$) Cary Porras Contributor address; City; State; Zip Code 1000			out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
10009 Album 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Unknown		Ali Boureslan			
Unknown Date Full name of contributor R.D. Andron 03/23/2017 Contributor address; 4313 Santa Rita Principal occupation / Job title (See Instructions) Retired Date Full name of contributor George Salome 03/23/2017 Contributor address; City; State; Zip Code Retired Employer (See Instructions) Retired Amount of contribution (\$) George Salome 03/23/2017 Contributor address; City; State; Zip Code 200 Principal occupation / Job title (See Instructions) Business Owner Date Full name of contributor Gary Porras City; State; Zip Code Amount of contribution (\$) Amount of contribution (\$) Contributor address; City; State; Zip Code Amount of contribution (\$) Amount of contribution (\$)	03/23/2017		City; State	e; Zip Code	150
R.D. Andron Contributor address; City; State; Zip Code 4313 Santa Rita Principal occupation / Job title (See Instructions) Retired Date Full name of contributor George Salome 03/23/2017 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Salome Investments Date Full name of contributor Gary Porras O3/23/2017 Contributor address; City; State; Zip Code Contributor Salome Investments Amount of contribution (\$) Amount of contribution (\$)	•	pation / Job title (See Instructions)			etions)
O3/23/2017 Contributor address; A313 Santa Rita Principal occupation / Job title (See Instructions) Retired Date Full name of contributor George Salome O3/23/2017 Contributor address; City; State; Zip Code City; State; Zip Code Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Business Owner Cary Porras Contributor address; City; State; Zip Code Contributor Salome Investments Amount of contribution (\$) Contributor address; City; State; Zip Code Contributor Salome Investments City; State; Zip Code Contributor Salome Investments City; State; Zip Code Contributor Salome Investments	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Associated Principal occupation / Job title (See Instructions) Retired Retired		R.D. Andron			
Principal occupation / Job title (See Instructions) Retired Date Full name of contributor George Salome 03/23/2017 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Business Owner Date Full name of contributor George Salome Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Business Owner Salome Investments Amount of contribution (\$) Gary Porras Contributor address; City; State; Zip Code 1000	03/23/2017	Contributor address;	City; State	e; Zip Code	100
Retired Date		4313 Santa Rita			
George Salome Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Business Owner Date Full name of contributor Gary Porras City; State; Zip Code Principal occupation / Job title (See Instructions) Salome Investments Amount of contribution (\$) Gary Porras Contributor address; City; State; Zip Code 1000		pation / Job title (See Instructions)		1	tions)
O3/23/2017 Contributor address; BO7 S. El Paso St Principal occupation / Job title (See Instructions) Business Owner Employer (See Instructions) Salome Investments Pate Full name of contributor Gary Porras City; State; Zip Code 1000	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Business Owner Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Gary Porras Contributor address; City; State; Zip Code 1000		George Salome			
Principal occupation / Job title (See Instructions) Business Owner Full name of contributor Gary Porras Contributor address; City; State; Zip Code Employer (See Instructions) Salome Investments Amount of contribution (\$)	03/23/2017	Contributor address;	City; State	; Zip Code	200
Business Owner Salome Investments Salome Investments		807 S. El Paso St			
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Gary Porras Contributor address; City; State; Zip Code 1000					
Gary Porras Contributor address; City; State; Zip Code 1000	Business Ow	ner		Salome Investmen	ts
03/23/2017 Contributor address; City; State; Zip Code 1000	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/23/2017		Gary Porras			
359 W. Vinton Rd	03/23/2017	Contributor address;	City; State	e; Zip Code	1000
		359 W. Vinton Rd			
Principal occupation / Job title (See Instructions) Unknown Employer (See Instructions) Unknown		pation / Job title (See Instructions)			etions)

2 FILER NAME Ms. Emma Ac		form.	1 Total pages Schedule A1:
			3 Filer ID (Ethics Commission Filers)
4 Date 5	osta		
	Full name of contributor ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
L	inebarger Goggan Blair		
03/27/2017	Contributor address; City; State	; Zip Code	1000
F	PO Box 17428 Austin, TX		
8 Principal occupa	tion / Job title (See Instructions)	9 Employer (See Instruction See Instruction	
Date	Full name of contributor uut-of-state PAC	C (ID#:)	Amount of contribution (\$)
E	Bradley Roe		
02/28/2017	Contributor address; City; State	e; Zip Code	100
6	01 N. Coton		
Principal occupat Engineer	ion / Job title (See Instructions)	Employer (See Instruc UNK	tions)
Date	Full name of contributor uut-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Celina Vasquez		
03/01/2017	Contributor address; City; State	; Zip Code	100
4	050 Pendleton Dr #2 Bryan, TX		
Principal occupat	ion / Job title (See Instructions)	Employer (See Instruc	itions)
Unknown		Unknown	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Guillermo A. Holguin		
03/08/2017		e; Zip Code	100
	513 Bert Yancy		
Principal occupat	ion / Job title (See Instructions)	Employer (See Instruc	tions)
Filicipal occupat		retired	

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Ms. Emma	Acosta T			
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	Armando & Betty Marque			
03/13/2017	6 Contributor address; 1608 Ken Still Ln	City; State	e; Zip Code	250
8 Principal occi Unknown	upation / Job title (See Instructions)		9 Employer (See Instruc Unknown	otions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Rudy & Martha Escajeda	ì		
02/28/2017	Contributor address;	City; State	e; Zip Code	350
	10641 Vista Lomas			
Principal occu Restaurant (pation / Job title (See Instructions) Owner		Employer (See Instruction El Zarape Restaura	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Donald W & Melanie Sch	nneider		
02/24/2017	Contributor address;	City; State	e; Zip Code	500
	31102 Via Peralta Trabu	co Canyon,	Ca	
Principal occu Unknown	pation / Job title (See Instructions)		Employer (See Instruc Unknown	etions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Richard V. Teschner			
			e; Zip Code	1000
02/28/2017	Contributor address;	City; State	-,	
02/28/2017	Contributor address; 1800 N. Stanton	City; State	·,p	1000

The	Instruction Guide explains how to	complete this form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2017	5 Full name of contributor Stanley P. Jobe 6 Contributor address; 1150 Southview	out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occi Owner	upation / Job title (See Instructions)	9 Employer (See Inst Jobe	tructions)
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Inst	tructions)
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Inst	tructions)
Date	Full name of contributor	out-of-state PAC (ID#:	_) Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Inst	tructions)
		1	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAMI	E		3 Filer ID (Ethics Commission Filers)
Ms. Emma	Acosta		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 01/13/2017	8904 WH Burges El Paso, TX 79925	8 Amount of Contribution \$\ \text{Pod, venue,} \\ \text{Modes of Texas. Complete Schedule T.} \]	
10 Principal occ Retired	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 01/24/2017	Full name of contributor	de	Amount of In-kind contribution description Doorhangers 947.19
	11219 Mansfield Dr. Frisco, TX 75035		Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe Collin Co	er (FOR NON-JUDICIAL)(See Instructions) Unty
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDI	II F AS NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLED	GED CONTRIBUTIONS			SCHEDULE B
Th	e Instruction Guide explains how to complete this	form.	1 Total pages Scheoo0	dule B:
2 FILER NAM	≣		3 Filer ID (Ethics 0	Commission Filers)
Ms. Emma	Acosta			
4 TOTAL O	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip	Code		
			Check if travel outs	side of Texas. Complete Schedule T
10 Principal occ	cupation / Job title (See Instructions)	11 Employer (See I	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip	Code		
			Check if travel outs	side of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip			· ·
			Check if travel outs	side of Texas. Complete Schedule T.
Principal occ	supation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip	Code		· · · · ·
			Check if travel outs	side of Texas. Complete Schedule T
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
	I			

LOANS			SCHEDULE E
The	Instruction Guide explains how to co	omplete this form.	Total pages Schedule E: 2
FILER NAME			3 Filer ID (Ethics Commission Filers)
ls. Emma Acc	osta		
TOTAL OF UN	NITEMIZED LOANS		\$20000
Date of loan	7 Name of lender out-of-	state PAC (ID#:	9 Loan Amount (\$)
1/02/2017	Ismael Enriquez		8000
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
	8904 WH Burges		11 Maturity date 06/10/2017
2 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructi Retired	ons)
4 Description of Coll Loan ☐ none		15 Check if personal funds account (See Instructio	s were deposited into political ns)
GUARANTOR INFORMATION 17 Name of guarantor Ismael Enriquez		19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City;	State; Zip Code	8000
Principal Occupa	tion (See Instructions)	21 Employer (See Instructi	ons)
Date of loan	Name of lender out-of-	state PAC (ID#:) Loan Amount (\$)
3/17/2017	Sandra J. Falcon		5000
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	11219 Mansfield Dr Frisco,	TX 75035	Maturity date 06/30/2017
Principal occupation	on / Job title (See Instructions)	Employer (See Instructi Collin County	ons)
Description of Coll	ateral	Check if personal funds account (See Instruction	were deposited into political ns)
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
INFORMATION	Sandra J. Falcon		
4	Guarantor address; City;	State; Zip Code	5000
not applicable		Employer (Cas Instruct)	
Principal Occupati	ion (See Instructions)	Employer (See Instructi	ons)

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ms. Emma Aco	sta		
TOTAL OF UN	IITEMIZED LOANS		\$20000
Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
01/04/2017	Emma Acosta		5000
Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate
Institution?	8904 Wh Burges		11 Maturity date 06/17/2017
12 Principal occupation Elected/Consult	ant	13 Employer (See Instructions) city of El Paso/EmmaCo	osta Consulting
Description of Coll none	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor Emma Acossta	<u> </u>	19 Amount Guaranteed (\$)
not applicable	00041411 D	State; Zip Code	5000
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
02/01/2017	Christopher P Falcon		2000
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate 0
Institution?	8904 WH Burges		Maturity date 06/30/2017
Principal occupation Service	on / Job title (See Instructions)	Employer (See Instructions) Universal Tinting	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
INFORMATION	Christopher P Falcon		
	Guarantor address; City;	State; Zip Code	2000
not applicable	8904 W Burges		
	on (See Instructions)	Employer (See Instructions)	1
	ATTACH ADDITIONAL CO	PPIES OF THIS SCHEDULE AS N	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel In District
Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
2	Ms. Emma Acosta		
4 Date	5 Payee name		
02/24/2017	VistaPrint		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
128.19	Vistaprint.com		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	_ =	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name HEMMA Acosta May	Office sought	Office held City Rep
Date	Payee name		
03/03/2017	Walmart		
Amount (\$)	Payee address; City; State; Zip Code		
144.35	walmart.com		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office		tside of Texas. Complete Schedule T. , TX, officeholder living expense ent
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	¹ Emma Acosta May	yor	City Rep
Date	Payee name		
02/15/2017	Walmart		
Amount (\$)	Payee address; City; State; Zip Code		
189.87	walmart.com		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit G/OF	¹ Emma Acosta May	/or	City Rep Dist 3
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to d	complete this form.	
1 Total pages Schedule F1: 2	2 FILER NAME Ms. Emma Acosta		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02/09/2017	Davids Pennants		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
γιιισαπ (ψ)	7 Fayee address, Oity, State, Zip Gode		
405.94	9911 Carnegie		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising	Check if travel or	utside of Texas. Complete Schedule T.
OF		Check if Austir	n, TX, officeholder living expense
EXPENDITURE		Signs	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	H Emma Acosta May	=	City Rep Dist 3
			2.ty 1.top 2.tot 2
Date	Payee name		
02/14/2017	Vista Print		
Amount (\$)	Payee address; City; State; Zip Code		
637.97	vistaprint.com		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		tiside of Texas. Complete Schedule T. TX, officeholder living expense rature/t-shirts
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	¹ Emma Acosta Mav	_	City Rep Dist 3
	Emma Acosta Mag	yoi	City Kep Dist 3
Date	Payee name		
03/18/2017	Davids Pennants Banners		
Amount (\$)	Payee address; City; State; Zip Code		
1001.31	9911 Carnegie		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		ntside of Texas. Complete Schedule T. I, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF		_	City Rep Dist 3
	Zimila / 1000ta Way		Only 110p Diot 0
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District
Candidate/Officeholder/Politica	•	Salaries/Wages/Contract Labor ns how to complete this form.	Other (enter a category not listed above)
4 7		ns now to complete this form.	
1 Total pages Schedule F2:0	Ms. Emma Acosta		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	IZED UNPAID INCURRED OBLI	GATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	on
PURPOSE		Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	Check if	ON f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

7	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Ms. Emma	Acosta	() ()
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	v; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

		The Instruction Guide explains how to complete this form	n.				
1 0	Total pages Schedule F4:	2 FILER NAME Ms. Emma Acosta	3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
5	Date	6 Payee name					
7	Amount (\$)	8 Payee address; City; State; Zip Code					
9	TYPE OF EXPENDITURE	Political Non-Political					
10		(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription				
	PURPOSE OF EXPENDITURE	Check if Austin, TX, officeholder living expense					
11	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name Office sought	Office held				
	Date	Payee name					
	Amount (\$)	Payee address; City; State; Zip Code					
	TYPE OF EXPENDITURE	Political Non-Political					
	PURPOSE OF EXPENDITURE		ription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held				
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	S NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opticeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Ŭ	rout out a ymon		The Instruction	n Guide exp	lains how to	complete this form.		
1	Total pages Schedule G:	2 FILER NAME Ms. Emma					3 Filer ID (Ethics Commission F	Filers)
4	Date	5 Payee name					I	
6	Amount (\$)	7 Payee addre	ss; C	ity; State;	Zip Code			
	political contributions intended							
8	PURPOSE OF EXPENDITURE	(a) Category (See	e Categories liste	d at the top of this	s schedule)		de of Texas. Complete Schedule T. "X, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/0		/ Officehold	er name		Office sought	Office held	
	Date	Payee name						
	Amount (\$)	Payee addre	ss; C	ity; State;	Zip Code			
	Reimbursement from political contributions intended					(a) -		
	PURPOSE OF EXPENDITURE	Category (See	e Categories liste	d at the top of this	s schedule)		de of Texas. Complete Schedule T. "X, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/0		/ Officehold	er name		Office sought	Office held	
	Date	Payee name						
	Amount (\$)	Payee addre	ss; C	ity; State;	Zip Code			
	Reimbursement from political contributions intended							
	PURPOSE OF EXPENDITURE	Category (See	e Categories liste	d at the top of this	s schedule)		de of Texas. Complete Schedule T. "X, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/0		/ Officehold	er name		Office sought	Office held	
		ATTACH	ADDITION	AL COPIES	OF THIS	SCHEDULE AS NEED	DED	

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule H:	2 FILER NAME Ms. Emma Acosta		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code	9	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside	of Texas. Complete Schedule T. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code	}	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code	•	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEE	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
0	Ms. Emma Acosta					
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	dule K:					
2 FILER NAME	s Commission Filers)					
Ms. Emma A	Acosta		·			
4 Date	5 Name of person from whom amount is received		8 Amount (\$)			
	6 Address of person from whom amount is received; City; State;	Zip Code				
	7 Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
		Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State;	Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State;	Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instru	ıction Guide	1 Total pages Schedule T: 0						
² FILER NAME Ms. Emma Acos	ta	3 Filer ID (Ethics Commission Filers)						
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
5 Contribution / Expend Schedule A2 Schedule F2	on: dule B edule F4	Schedule B(J)	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS				
6 Dates of travel	7 Name of person(s) traveling							
	8 Departure city or name of departure location							
	9 Destination city or name of destination location							
10 Means of transportation								
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expend		d on: dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name o	of person(s	s) traveling					
	Departure city or name of departure location							
Destination city or name of destination location								
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expend	liture reported	d on:						
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name o	Name of person(s) traveling						
	Departure city or name of departure location							
Destinat		ion city or name of destination location						
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this formula of the complete only if "Report Type" on page 1 is marked "Figure 1.5".							
1	C/OH N	IAME	2 Filer ID (Ethics Commission Filers)						
Ī.		ma Acosta							
3	SIGNA								
	0.0	SNATURE							
	ing a re	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.							
		Signature of Candidate / Officeholder							
1		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••							
	A.	CAMPAIGN FUNDS							
	Chec	k only one:							
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.							
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	B.	ASSETS							
	Chec	k only one:							
		I do not retain assets purchased with political contributions or interest or other income from political contributions.							
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.								
			Signature of Candidate						
5	_	EHOLDER plete this section <i>only</i> if you are an officeholder ··							
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.							
			Signature of Officeholder						